

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90037 041 ****50.00

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04272006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000035167 1. Entity Name OCEANS WEST IV, L.L.C.					
Principal Place of Business 2970 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118			Mailing Address 2970 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118		
2. Principal Place of Business 2827 South Ridgewood Ave		3. Mailing Address 2827 South Ridgewood Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SOUTH DAYTONA FL		City & State SOUTH DAYTONA FL		4. FEI Number 56-2396976	
Zip 32119		Country VOLUSIA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32119		Country VOLUSIA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOVE, WAYNE S 2970 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118			7. Name and Address of New Registered Agent Name EDMUND J. WALDRON Street Address (P.O. Box Number is Not Acceptable) 2827 S. RIDGEWOOD AVENUE City SOUTH DAYTONA FL Zip Code 32117		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE EDMUND J. WALDRON DATE 4/27/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOVE, WAYNE S 2970 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLAHAN, JOHN T III 2970 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2827 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Date 4/27/2006 Daytime Phone # 386 767 4575		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					